PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Intervention Name: It's Your Game: Keep it Real

Developer: Susan Tortolero, PhD; Christine Markham, PhD;

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Program Description: "It's

"It's Your Game: Keep it Real" is a computer-based curriculum for middle school children, developed to prevent HIV, STDs, and pregnancy. Children attend classroom sessions composed of group activities and individualized computer-based sessions. The primary aims of the program include the delay of sexual initiation and the reduction of risk for those who are sexually active. The program is designed to equip students to have healthy relationships with friends, boyfriends, and girlfriends. For students who are already sexually active, the intervention encourages participants to use condoms consistently and correctly, use an effective method of birth control, and get tested for HIV and other STIs.

Component 1: Classroom-Based Component

This component is implemented as a 24-lesson curriculum, using role modeling, individual journaling, and group discussion. Students are taught how to set personal limits regarding risk behaviors, to be aware of situations that might challenge these limits, and to use refusal skills and other tactics to protect these limits.

Specific topics covered in the seventh grade include: characteristics of healthy friendships; setting personal limits and practicing refusal skills; information about puberty, reproduction, and STIs; and setting personal limits and practicing refusal skills related to sexual behavior. The eighth-grade curriculum reviews these topics and covers new ones, including: characteristics of healthy dating relationships; the importance of HIV, STI, and pregnancy testing if a person is sexually active; and skills training regarding condom and contraceptive use.

Component 2: Parent-Child Homework Activities

At each grade level, students are assigned six homework activities to complete with their parent or guardian. The homework assignments are designed to facilitate parent-child dialogue on topics such as friendship qualities, dating, and sexual behavior.

Component 3: Computer-Based Component

The computer-based component includes embedded interactive activities, a 3-D virtual world "mall," and peer role model and expert videos, which children access using classroom computers, headphones, and a wireless network. The computer program also provides fact sheets and evaluates student progress with guizzes.

Target Population: Available information describes the target population (for the full

two-year program intervention) as English-speaking seventh

grade students from low-income, urban schools.

Curriculum For information on the availability of curriculum materials, contact

the University of Texas Prevention Research Center at

http://www.sph.uth.tmc.edu/tprc/default.aspx?id=2356

Training and TA: The full structural intervention provides access to five training

sessions (three hours each) for implementers, dates for upcoming

trainings, and three school staff presentations.

Research Evidence¹

Materials:

Study Citation: Tortolero, S. R., Markham, C. M., Fleschler Peskin, M., Shegog,

R., Addy, R. C., Escobar-Chavez, S. L., & Baumler, E. (2010). It's your game: Keep it real: Delaying sexual behavior with an effective middle school program. *Journal of Adolescent Health*,

46(2), 169–179.

Population Middle school students enrolling in the full two-year intervention

Evaluated: (starting in grade 7)

• 44% Hispanic, 42.3% African American, 13.7% all other

• 59% female and 41% male

Setting: Classrooms in urban middle schools in southeast Texas

Study Findings: At the 9th-grade follow-up: students participating in the

intervention who were sexually inexperienced at baseline were significantly less likely to report having initiated sexual activity.

¹ This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.